

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- *11048*

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: *12 / 31 / 2004*

3. Name and address of person filing.

Name *FLOYD F. PRUSINSKI*

P.O. Box, Bldg., Room No., if any

Street *1285 W. Rt. 102*

City *BOURBONNAIS*

State *ILLINOIS* ZIP Code + 4 *60914*

4. Name, file number, and address of labor organization.

Name *I.B.O.F. LOCAL 754*

Labor Organization File Number *021374*

P.O. Box, Building and Room Number, if any *SUITE 112*

Street *188 INDUSTRIAL DR.*

City *ELMHURST*

State *ILLINOIS* ZIP Code + 4 *60126*

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Floyd Prusinski

On

Aug 11 2004
Date

630-833-0754
Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name KILLIAN ASSET MGMT	a. Labor Organization
Trade Name, if any:	<input checked="" type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1850 W NW Hwy	
City PALATINE	
State ILLINOIS ZIP Code + 4 60067	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	INVESTMENT MGR -
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	11.b. Approximate dollar value of such dealing. 208,000
Street	12.a. Nature of interest held or income received.
City	COOKIES FOR OFFICE
State ZIP Code + 4	12.b. Amount. 425.35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name MILK DRIVERS PENSION	BUSINESS LUNCHEAS REIMBURSEMENT -286.64
Trade Name, if any:	EDUCATIONAL SEMINAR (REIMBURSED) - 1820.02
P.O. Box, Bldg., Room No., if any	
Street 188 INDUSTRIAL DR	
City ELMHURST	
State ILLINOIS ZIP Code + 4 60116	
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$ 2106.66